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Atty. Dkt. No. 053466-0409

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Osamu OKUDA et al.  
Title: METHODS FOR TREATING INTERLEUKIN-6  
RELATED DISEASES  
Appl. No.: 10/554,407  
Filing Date: 10/24/2005  
Examiner: Prema Maria Mertz  
Art Unit: 1646  
Confirmation Number: 4578

**TRANSMITTAL**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

[ X ] The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	53	-	80	=	0	x	\$50.00	=	\$0.00
Independent Claims:	10	-	15	=	0	x	\$200.00	=	\$0.00
First presentation of any Multiple Dependent Claims:						+	\$360.00	=	\$0.00
CLAIMS FEE TOTAL									= \$0.00

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[ X ] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

[ ] Extension for response filed within the first month:	\$120.00	\$0.00
[ ] Extension for response filed within the second month:	\$450.00	\$0.00
[ X ] Extension for response filed within the third month:	\$1,020.00	\$1,020.00
[ ] Extension for response filed within the fourth month:	\$1,590.00	\$0.00
[ ] Extension for response filed within the fifth month:	\$2,160.00	\$0.00
EXTENSION FEE TOTAL:		\$1,020.00
[ ] Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$130.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$1,020.00
[ ] Small Entity Fees Apply (subtract ½ of above):		\$0.00
Extension Fees Previously Paid:		\$0.00
<b>TOTAL FEE:</b>		<b>\$1,020.00</b>

A credit card payment form in the amount of \$1,020.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

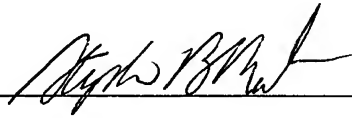
Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date July 16, 2007

By \_\_\_\_\_

FOLEY & LARDNER LLP  
Customer Number: 22428  
Telephone: (202) 672-5569  
Facsimile: (202) 672-5399

  
Stephen B. Maebius  
Attorney for Applicant  
Registration No. 35,264